2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/15/2025

General Information

Name: Mrs Joni Brinkman

PID 25308

AGENCY INFORMATION

Organization	Suborganization	Title
Palm Springs	Community Redevelopment Agency	Council Member
Palm Springs	Mayor And Village Council	Council Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	**Source's Address**	**Description of the Source's Principal Business Activity**
Urban Design Studio LLC	610 Clematis St. #CU02, West Palm Beach, FL 33401	Landscape Architecture and Land Planning

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
7113 Ridgeglen Court, Jacksonville, FL 32216

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Annuity	American Equity Investment Life Insurance Company
Savings Account	Live Oak Bank
Savings Account	Third Federal Savings & Load
Checking Account	PNC Bank
Health Savings Account	Seacoast Bank
Annuity	Midland National
IRA - Stocks/Money Market	LPL Financial
Real Estate Investment Trust	LPL Financial - American Strategic Investment Co and Phillips Edison & Co.
401 K	Vanguard
Certificate of Depost	Third Federal Savings and Loan

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Mr. Cooper	PO Box 818060/5801 Postal Road, Cleveland, OH 4418

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 06/15/2025

Signature of Filer

Joni Brinkman

Digitally signed: **06/15/2025**

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